

**MEMORANDUM  
COMMERCIAL OCCUPATION**

TO: PROSPECTIVE BUSINESS OWNERS

FROM: CITY OF CARROLLTON, OCCUPATIONAL TAX DEPT.

RE: NEW BUSINESS INFORMATION

We are delighted that you are considering Carrollton for your business location. We understand that opening a business can be an overwhelming task in complying with all the licensing requirements, laws, and various regulations.

Attached you will find a small information memorandum that hopefully will answer any questions that might arise during the occupational tax licensing process. We realize that all questions may not be covered in the attached information. In that case, please contact Tina Laney, Occupational Tax Coordinator, at (770) 830-2000 for further information. Mrs. Laney and the Codes Enforcement Staff will make every effort to answer your questions and provide information needed to make the licensing process as smooth as possible.

Again, we thank you for your consideration of our City for your business endeavors. Best of luck in the future!

The City of Carrollton

## OCCUPATIONAL TAX LICENSE (BUSINESS LICENSE)

What is needed to obtain your City of Carrollton Occupational Tax License?

1. Business Name / Address / Phone Number / fax number
2. Federal I D Number
3. Mailing Address
4. Owner Information: Address / S. S. Number / Phone Number / Title / Drivers License
5. Copy of Articles of Incorporation (Georgia or out of state)
6. Explain the type of business being conducted at business site.
7. If you hold a Georgia State License; a copy of that license will be required to obtain your city Occupational Tax License.
8. If you are opening a restaurant / bar / or any facility serving food or drink, a valid, approved, Health Department Certificate will be required. This can be obtained by calling Environmental Health, Brandi Strickland, at (770) 836-6781.
9. Prior to opening the business, it will be necessary to contact the water department at (770) 830-2000 to establish a water and garbage account.
10. If you are opening a car wash, a grit trap and oil separator will need to be installed; such trap shall be clean and in working order. Forms to this effect must be presented before and Occupational Tax License will be issued.
15. If you are opening a Pawn Shop, you will need to contact the Carrollton Police Department for information prior to applying for your City of Carrollton Occupational Tax License. Please contact Officer Glenn Lyle at (770) 834-4451
16. **Zoning restrictions may apply to your business, please verify zoning as soon as possible.**
17. When opening a new business or taking over an established business, clearance from the Building Official must be obtained. (Example: code compliance, ADA accessibility, codes efficiency, etc....)  
\*\*All new businesses will be inspected by the Building Official prior to issuance of Occupational Tax Certificate.
18. Note: Grease generators must maintain proof (invoices, bills, etc.) that required maintenance was performed as a pre-requisite of license issuance. Also, proof of cleaning and /or repair of the grease trap or grease interceptor unit will be needed, as required by City Ordinance.
19. Each commercial business must have a backflow prevention device attached to their water system and it must be tested each year. A copy of this test must be turned in to Carrollton City Hall before license is issued.
20. A State License and a County License must be obtained before animals can be sold in a business, such as a pet shop.
21. \* Other guidelines and/or requirements may also apply. Please inquire further with the City Occupational Tax Licensing Department.

**THE FOLLOWING PROFESSIONS MUST PROVIDE A CURRENT STATE LICENSE PRIOR TO BEING ISSUED AN OCCUPATIONAL TAX CERTIFICATE**

ACCOUNTANTS	NURSING HOME ADMINISTRATORS
ARCHITECTS	OCCUPATIONAL THERAPISTS
ATHLETIC AGENTS OR TRAINERS	OPTOMETRISTS
AUTONEERS	PARAMEDICS
BARBERS	PET SHOP AND/OR PET CARE
CARDIAC TECHNICIANS	PHARMACISTS
CHIROPRACTORS	PHYSICAL THERAPISTS
CONDITIONED AIR CONTRACTORS	PHYSICIANS
CONSTRUCTION INDUSTRY	PHYSICIANS ASSISTANTS
COSMETOLOGISTS & NAIL TECHNICIAN	PLUMBING CONTRACTORS
DENTISTS	PODIATRISTS
DIETICIANS	PRIVATE DETECTIVES
DISPENSING OPTICIANS	PROFESSIONAL COUNSELORS
ELECTRICAL CONTRACTORS	PSYCHOLOGISTS
ENGINEERS	REGISTERED NURSES
FORESTERS	RESPIRATORY CARE THERAPISTS
FUNERAL DIRECTORS & EMBALMERS	RESIDENTIAL/GENERAL CONTRACTORS
GEOLOGISTS	SECURITY GUARDS
HEARING AID DEALERS	SOCIAL WORKERS
LANDSCAPE AND ARCHITECTS	SPEECH LANGUAGE PATHOLOGY & AUDIOLOGY
LIBRARIANS	SURVEYORS
LICENSED PRACTICAL NURSES	USED CAR DEALERS & USED CAR PARTS DEALERS
LOW VOLTAGE CONTRACTORS	UTILITY CONTRACTORS
MARRIAGE & FAMILY THERAPISTS	VETERINARIANS
MASSAGE THERAPISTS	WATER & WASTEWATER TREATMENT

OCCUPATION TAX RETURN, CITY OF CARROLLTON  
315 BRADLEY STREET  
CARROLLTON, GA. 30117  
(770) 830-2000

CALENDAR YEAR 2013

DATE: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ BUS. TAX CLASS # \_\_\_\_\_ STANDARD INDUSTRIAL CLASSIFICATION \_\_\_\_\_

OCCUPATION TAX LICENSE MUST BE OBTAINED BEFORE BUSINESS IS OPEN FOR OPERATION.

PLEASE FILL IN INFORMATION APPLICABLE TO YOUR BUSINESS. PLEASE TYPE OR PRINT WITH BALL POINT PEN.

COMPLETE ALL SPACES IN LINE 1. AS THEY RELATE TO BUSINESS ACTIVITY IN THE CITY OF CARROLLTON:

1. CHECK ONE: NEW ☐ AMENDED ☐

NEW BUSINESS - ESTIMATE GROSS RECEIPTS FOR A YEAR: \$ \_\_\_\_\_ FOR 2013 LICENSE

STARTED NEW BUSINESS: DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ FEDERAL TAX I.D. #: \_\_\_\_-\_\_\_\_

2. BUSINESS NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ BUSINESS TELEPHONE NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_ FAX NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

3. MAILING INFORMATION (If other than line 2.)  
BUSINESS NAME: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

4. CHECK ONE: ☐ PARTNERSHIP ☐ SOLE OWNER ☐ CORPORATION: GA ☐ OTHER  
CORPORATE NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

5. OWNER INFORMATION

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DRIVERS LICENSE STATE & NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DRIVERS LICENSE STATE & NUMBER: \_\_\_\_\_

\*PLEASE ATTACH LIST IF THERE ARE ADDITIONAL OWNERS

6. IS BUSINESS CARRIED ON UNDER A TRADE NAME? ☐ YES ☐ NO  
If Yes, Name: \_\_\_\_\_ (Attach List if necessary)

7. IS BUSINESS CARRIED ON AT LOCATIONS OTHER THAN THE ONE SHOWN ON LINE 1? ☐ YES ☐ NO (Attach List)

8. I (NAME) \_\_\_\_\_ BEING ☐ OWNER ☐ MANAGER ☐ OTHER  
OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACTIVITY OF  
(EXPLAIN TYPE OF BUSINESS) \_\_\_\_\_

IN ACCORDANCE WITH THE BUSINESS ORDINANCE, CITY OF CARROLLTON, GEORGIA, I, THE UNDERSIGNED, CERTIFY THAT I AM  
THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS RETURN, INCLUDING THE ACCOMPANYING  
SCHEDULES AND STATEMENTS, AND THAT THE SAME ARE TRUE.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**BUSINESS LOCATION PROFILE (PLEASE PRINT OR TYPE)**NEW BUSINESS ☐NEW LOCATION ☐NEW OWNER ☐

Is this business occupying a new <input type="checkbox"/> or existing <input type="checkbox"/> building?	Square footage of building or office space (       )
Will any construction be required to make the building suitable for your business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe	
Prior use of building/site (if applicable)	
Do you own <input type="checkbox"/> or lease <input type="checkbox"/> this building/space?	<b>EMERGENCY CONTACT</b>
Owners Name:	Name:
Address:	Title:
Ph#:	Ph#
Is there currently or will there be other businesses within the same tenant space operating under different names? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate name (s) and type (s) of business	
Please describe the type of business operation you are applying for (ex: plumber, retail store)	Describe the method you will use to conduct your business operation (ex: by appt, internet)
Will the business operations involve customers visiting the site? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please explain	
Does the business handle toxic/hazardous wastes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will your business involve parking or storage of any business vehicle or equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Do not write below this line – OFFICE USE ONLY**

Planning And Zoning use only

Current Zoning District

By

Additional Information:

Building Inspector:

Date:

Fire Marshall:

Occupancy:

# CARROLLTON



# POLICE DEPARTMENT

Office: 770-834-4451 Fax: 770-834-8958

Please complete this Police Emergency Notification Form when renewing your Business License & return the form to the Carrollton Police Department. **Do not fill out for home businesses.**

Date: \_\_\_\_\_ P.E.N. Sticker (4 digit #) \_\_\_\_\_ *Should be on front door or window- outside door if multiple businesses use the same entrance (business office park, etc).*

☐ Pen # sticker needs maintenance (faded, peeling, etc.) ☐ Pen # sticker is missing

Business Name: \_\_\_\_\_

(D/B/A name- not the "Incorporated" one)

Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(List ALL suites you occupy)

Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_

If moving into an existing location, what business used to be here:

\_\_\_\_\_

If you moved from an existing location, what was your old address:

\_\_\_\_\_

Name of Strip Mall /Business Building (if applicable): \_\_\_\_\_

(Examples- McIntosh Plaza, Professional Park, Crossroad Commons, etc.

What businesses (if any) share an outside entrance door with you? \_\_\_\_\_  
(if part of a named building /strip mall, leave this blank )

## EMERGENCY NOTIFICATION CONTACT LIST *(don't list the business phone below)*

1<sup>st</sup> Contact Name: \_\_\_\_\_ Phone 1 \_\_\_\_\_  
Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Phone 1 \_\_\_\_\_  
Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

3<sup>rd</sup> Contact Name: \_\_\_\_\_ Phone 1 \_\_\_\_\_  
Phone 2 \_\_\_\_\_ Phone 3 \_\_\_\_\_

If you have a burglary alarm:

Name of alarm Company \_\_\_\_\_ Phone # \_\_\_\_\_

If you lease or rent the building, please list the landlord's information where they can be reached.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

*If you leave your current business location, please leave the PEN sticker in place because we'll reassign that number to the next business which moves in. If you move into an existing business, use the PEN number at the new location & just let us know you've moved.*



## AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a City of Carrollton, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Carrollton, (circle one) Occupational Tax Certificate or Alcohol License or other public benefit I am stating the following for \_\_\_\_\_.

(The name of person applying on behalf of business, corporation, partnership, or other private entity)

as a representative of \_\_\_\_\_  
(The name of the business, corporation, partnership, or other private entity)

1. \_\_\_\_\_ I am a United States Citizen

or

2. \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.

\*OCGA §50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent resident must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_  
Alien Number & Document Source

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of OCGA Section 16-10-20.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**NOTARIZATION REQUIRED**  
SUBSCRIBED AND SWORN BEFORE  
ME ON THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*business license, occupational tax certificate, or other document required to operate a business*]  
as referenced in O.C.G.A. § 36-60-6(d), from \_\_\_\_\_  
[*name of county or municipal corporation*], the undersigned applicant representing the private  
employer known as \_\_\_\_\_ [printed name of  
private employer] verifies one of the following with respect to my application for the above  
mentioned document:

- 1. Only fill out this section if the current date is on or before June 30, 2013. Select Only One.**
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
- 2. Only fill out this section if the current date is on or after July 1, 2013. Select Only One.**
  - (a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*
  - (b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.
- 3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_ date of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_  
\_\_\_\_\_